

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

41 STATE STREET

☐ Check if different than previously reported. (ACC)

ALBANY

NY

12207

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00105080

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☒ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Joseph Balch

Signature of Treasurer

Thomas Joseph Balch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2012 To: M M / D D / Y Y Y Y Y Y
09 30 2012

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012 | | 59.89 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 59.89 | |
| (c) Total Receipts (from Line 19) | 0.00 | 0.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 59.89 | 59.89 |
| 7. Total Disbursements (from Line 31) | 127.01 | 127.01 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | -67.12 | -67.12 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 12500.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 1120.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2012

To:

M M / D D / Y Y Y Y Y
09 30 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

0.00

0.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

0.00

0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 91.03 | 91.03 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 35.98 | 35.98 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 127.01 | 127.01 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 127.01 | 127.01 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 0.00 | 0.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 0.00 |

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 13

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.7927

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)
NEW YORK STATE RIGHT TO LIFE COMMITTEE

Election: 2009

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address 41 STATE STREET
M-100

City ALBANY State NY ZIP Code 12207

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 02 / 2009

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 OF 13

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.8031

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)

NEW YORK STATE RIGHT TO LIFE COMMITTEE

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 41 STATE STREET
M-100

City ALBANY

State NY

ZIP Code 12207

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 17 / 2010

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 13

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.8514

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)

NEW YORK STATE RIGHT TO LIFE COMMITTEE

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 41 STATE STREET
M-100

City ALBANY

State NY

ZIP Code 12207

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

M M M /
09D D D /
26Y Y Y Y Y Y
2011

Date Due

M M M /

D D D /

Y Y Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 13

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.8510

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)
NEW YORK STATE RIGHT TO LIFE COMMITTEE

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 41 STATE STREET
M-100

City ALBANY

State NY

ZIP Code 12207

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 18 / 2011

Date Due

M M / D D / Y Y Y Y
11 / 18 / 13

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 13

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.8511

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)

NEW YORK STATE RIGHT TO LIFE COMMITTEE

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 41 STATE STREET
M-100

City ALBANY

State NY

ZIP Code 12207

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 22 / 2011

Date Due

M M / D D / Y Y Y Y
11/22/13

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

TOTALS This Period (last page in this line only)..... ►

12500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Business Card

Nature of Debt (Purpose):

Convention Ad-Multiple candidates

Mailing Address P O Box 15710

City State

Zip Code

Wilmington

DE

19886-5710

Outstanding Balance Beginning This Period

400.00

Transaction ID : SD10.8426

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CMPS

Nature of Debt (Purpose):

Endorsement advertising-multiple candidates

Mailing Address P.O. Box 245

City State

Zip Code

West Mystic

CT

06388-0245

Outstanding Balance Beginning This Period

720.00

Transaction ID : SD10.8427

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

720.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigre-Strategics

Nature of Debt (Purpose):

Bellavia, GOTV

Mailing Address 4820 West San Jose Street

City

State

Zip Code

Tampa

FL

33629

Outstanding Balance Beginning This Period

57.35

Transaction ID : SD10.8522

Amount Incurred This Period

0.00

Payment This Period

57.35

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1120.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigre-StrategicsNature of Debt (Purpose):
Kacinski, GOTV

Mailing Address 4820 West San Jose Street

City State
TampaZip Code
FL 33629

Outstanding Balance Beginning This Period

33.68

Transaction ID : SD10.8523

Amount Incurred This Period

0.00

Payment This Period

33.68

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

1120.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1120.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 13
 FOR LINE 24 OF FORM 3X

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full) NEW YORK STATE RIGHT TO LIFE COMMITTEE INC POLITICAL ACTION COMMITTEE | | FEC IDENTIFICATION NUMBER ▼ C C00105080 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|-----------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Tigre Strategies | | Date MM / DD / YYYY 08 / 22 / 2012 |
| Mailing Address 3817 W. Dale Ave., APT 1 | | Amount 57.35 |
| City Tampa | State FL | |
| Zip Code 33609 | Transaction ID : SE.8529 | |
| Purpose of Expenditure get out the vote calls | Category/ Type 003 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27 |
| Name of Federal Candidate Supported or Opposed by Expenditure: David Bellavia | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 57.35 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|-------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Tigre Strategies | | Date MM / DD / YYYY 08 / 22 / 2012 |
| Mailing Address 3817 W. Dale Ave., APT 1 | | Amount 33.68 |
| City Tampa | State FL | |
| Zip Code 33609 | Transaction ID : SE.8531 | |
| Purpose of Expenditure get out the vote calls | Category/ Type 003 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Michael Kicinski | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 33.68 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | |
|-----------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 91.03 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | 91.03 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Joseph Balch

Signature

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 12 / 2012